



Department of Regulatory and Economic Resource  
Contractor Licensing Section  
11805 S.W. 26 Street (Coral Way) • Room 207  
Miami, Florida 33175-2474  
T 786 -315-2880 F 786-315-2450

[miamidade.gov](http://miamidade.gov)

## Florida Certified Contractor License Registration and Verification Information and Instructions

In order to use the departments On-Line Services and obtain building permits and inspections all contractors' license information must be verified and entered into the department's database. This verification is only valid in unincorporated Miami Dade County.

### REQUIRED DOCUMENTATION

1. A copy of your Florida Contractors License
2. A copy of your Certificate of General Liability Insurance
3. A copy of your certificate of Workers Compensation Insurance or Exemption.
4. A copy of your Driver License

### Certificate of Liability Insurance

The minimum liability insurance amounts are:

- Bodily Injury- \$300,000
- Property Damage- \$50,000

### Certificate of Worker's Compensation Insurance or State of Florida Exemption

Certificate of general liability insurance and workers compensation must list the following as a certificate holder:

Miami Dade County  
Contractor Licensing Section  
11805 SW 26 St., Suite 207  
Miami, FL 33175

**RETURN ATTACHED VERIFICATION FORM AND ALL SUPPORTING DOCUMENTATION TO THE  
CONTRACTOR LICENSING SECTION OR FAX TO 786-315-2450.**

*Delivering Excellence Every Day*

**Department of Regulatory and Economic Resource**

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**miamidade.gov****Voluntary Florida Certified Contractor License Registration and Verification Form**New Registration and Verification ☐Renew Registration Verification ☐**Contractor Information**

State of Florida License No.		Expiration Date		Trade Category	
Qualifier Last Name		Qualifier First Name			Middle Initial
Home Address		City		State	Zip Code
Home Phone			Mobile Phone		
Driver's License No.		Email			
Business Name					
Business Address		City		State	Zip Code
Business Phone		Fax Number	Last 4 digits of SS#		D.O.B

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Signature of Qualifying Agent

STATE OF FLORIDA, COUNTY OF MIAMI-DADE COUNTY

Sworn to and subscribed before me that this is a true statement this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission Expires \_\_\_\_\_

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NOTARY PUBLIC**VERIFY NOT ALREADY REGISTERED IN MAINFRAME**

Date Received \_\_\_\_\_ Processing Clerk \_\_\_\_\_

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